



Please type a plus sign (+) inside this box

PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Approved for use firridgin 93000. Onto bos 1-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial

Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| Attorney Docket Numb | per 24120-08     |  |  |  |  |  |  |
|----------------------|------------------|--|--|--|--|--|--|
| First Named Inventor | Gregory Allen    |  |  |  |  |  |  |
| COMPLETE IF KNOWN    |                  |  |  |  |  |  |  |
| Application Number   | 10/ 004,547      |  |  |  |  |  |  |
| Filing Date          | December 5, 2001 |  |  |  |  |  |  |
| Group Art Unit       | 2681             |  |  |  |  |  |  |
| Examiner Name        | To be assigned   |  |  |  |  |  |  |

| As a below named inventor, I hereby declare that:   |   |                                     |                         |   |                     |  |  |  |  |
|---|---|-------------------------------------|-------------------------|---|---------------------|--|--|--|--|
| My residence, post office address, and citizenship are as stated below next to my name  |   |                                     |                         |   |                     |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  Electronic Information Delivery System and Process Including Supplying of Information About Locations Visited By Users of Portable Identification Cards   |   |                                     |                         |   |                     |  |  |  |  |
| the specification of which (Title of the Invention)  is attached hereto OR  |   |                                     |                         |   |                     |  |  |  |  |
| was filed on (MM/DD/YYYY) December 5, 2001 as United States Application Number or PCT International   |   |                                     |                         |   |                     |  |  |  |  |
| Application Number 1  | Application Number 10/004,547 and was amended on (MM/DD/YYYY) (if applicable) |                                     |                         |   |                     |  |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  |   |                                     |                         |   |                     |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. |   |                                     |                         |   |                     |  |  |  |  |
| Prior Foreign Application<br>Number(s)  | Country   | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed | Certified Co<br>YES   | ppy Attached?<br>NO |  |  |  |  |
|   |   |                                     | 0000                    | 0000  | 0000                |  |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto  |   |                                     |                         |   |                     |  |  |  |  |
| hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below  |   |                                     |                         |   |                     |  |  |  |  |
| Application Number  | (s) Filing Date   | e (MM/DD/YYYY)                      |                         |   |                     |  |  |  |  |
| 60/251,610  | 12/0  | 06/2000                             | numbe<br>supple         | onal provisiona<br>ers are listed o<br>emental priority<br>6B/02B attache | n a<br>y data sheet |  |  |  |  |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231



PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Please type a plus sign (+) inside this box 🔫

| DEC  | <u>CLA</u>                               | <u>RATION</u>                   |           | - Utility    | y or L       | Desig                              | n    | Pate       | ent A       | App                                  | olication       | <u>on</u> |  |
|--|--|---------------------------------|-----------|--------------|--------------|------------------------------------|------|------------|-------------|--------------------------------------|-----------------|-----------|--|
| I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |  |                                 |           |              |              |                                    |      |            |             |                                      |                 |           |  |
| U.   | S. Pare                                  | ent Application<br>Number       |           | PCT Parent   | :            | Parent Filing Date<br>(MM/DD/YYYY) |      |            | Pare        | Parent Patent Number (if applicable) |                 |           |  |
| Number   |  |                                 |           |              |              |                                    |      |            |             |                                      |                 |           |  |
|  |  | PCT international ap            |           |              |              |                                    |      |            |             |                                      |                 |           |  |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s) name/registration number listed below  Place Customer Number Bar Code  Label here   |  |                                 |           |              |              |                                    |      |            |             |                                      |                 |           |  |
|  |  |                                 |           | Regist       | ration       |                                    |      | Nan        |             |                                      | Registration    |           |  |
|  | Nam-                                     |                                 |           | Num          | ,612         |                                    |      | 11411      | 10          |                                      | Nu              | mber      |  |
|  |  | ontague<br>. Wolfson            | ļ         |              | ,612<br>,750 | İ                                  |      |            |             |                                      | i               |           |  |
|  |  | l. Dippert                      |           |              | ,723         |                                    |      |            |             |                                      |                 |           |  |
|  |  | s Gable                         |           |              |              |                                    |      |            |             |                                      |                 |           |  |
| Additional   | registered                               | practitioner(s) nam             | ned on    | supplemental | Registered   | Practitioner                       | Info | rmation sh | eet PTO     | /SB/020                              | C attached here | to.       |  |
| Direct all correspondence to: Customer Number or Bar Code Label  OR Correspondence address bel   |  |                                 |           |              | ress below   |                                    |      |            |             |                                      |                 |           |  |
| Name   |  | Mark Montague                   |           |              |              |                                    |      |            |             |                                      |                 |           |  |
| Address  |  | Cowan, Liebowitz & Latman, P.C. |           |              |              |                                    |      |            |             |                                      |                 |           |  |
| Address  |  |                                 |           | 113          | 3 Avenu      | e of the                           | An   | nericas    | r           |                                      |                 |           |  |
| City   |  | New York                        |           |              |              | State                              |      | NY         | ZIP         |                                      | 10036-67        | 99        |  |
| Country  |  | USA Telephone                   |           |              | ie (2        | 212) 790-9200 Fax                  |      |            | (           | (212) 575-0671                       |                 |           |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  |  |                                 |           |              |              |                                    |      |            |             |                                      |                 |           |  |
| Name of Sole or First Inventor:  |  |                                 |           |              |              |                                    |      | ntor       |             |                                      |                 |           |  |
| Ģ  | ven Nar                                  | ne (first and mide              | lle [if a |              |              |                                    |      | Famil      | y Name      | or Su                                | rname           |           |  |
| Gregory 1  |  |                                 |           | <u> </u>     | Allen        |                                    |      |            |             |                                      |                 |           |  |
| Inventor's<br>Signature  |  | $\chi$                          |           |              |              |                                    |      |            |             |                                      | Date            | 2.11.02   |  |
| Residence: City New York   |  | rk                              | State     | NY           | Country      | y US                               |      |            | Citizenship | US                                   |                 |           |  |
| Post Office A  | Post Office Address c/o Keylink Networks |                                 |           |              |              |                                    |      |            |             |                                      |                 |           |  |
| Post Office A  | ddress                                   | 0                               |           |              | 2565 E       | Broadwa                            | y, S | Suite 41   | 5           |                                      | <b>,</b>        |           |  |
| City   |  | New York s                      | tate      | NY           | ZIP          | p 10025 Country US                 |      | 3          |             |                                      |                 |           |  |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto   |  |                                 |           |              |              |                                    |      |            |             |                                      |                 |           |  |